

Reducing Narcotic Prescription Amounts in the Vascular/Interventional Radiology Department

Integrated Interventional Radiology/Diagnostic Radiology Residency

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BACKGROUND

In the US, a well documented crisis exists with the over prescribing of narcotic medication leading illegal distribution of the medications as well as problems with addiction and overdose.

VIR department performs many outpatient procedures requiring narcotic medication at home for pain relief

We believe that our department has lagged behind in efforts to reduce the quantity of narcotics we routinely give for our procedures.

We routinely prescribe 40 5 mg Oxycodone pills to our patients for our outpatient procedures. We believe reducing this number will provide a safer and more affordable experience for our patients

AIM STATEMENT

Reduce Opioid/Narcotic prescription amounts by 20%.

MUSC Pillar: Ambulatory Compare Composite and Inpatient Quality Care

METHODS/INTERVENTION

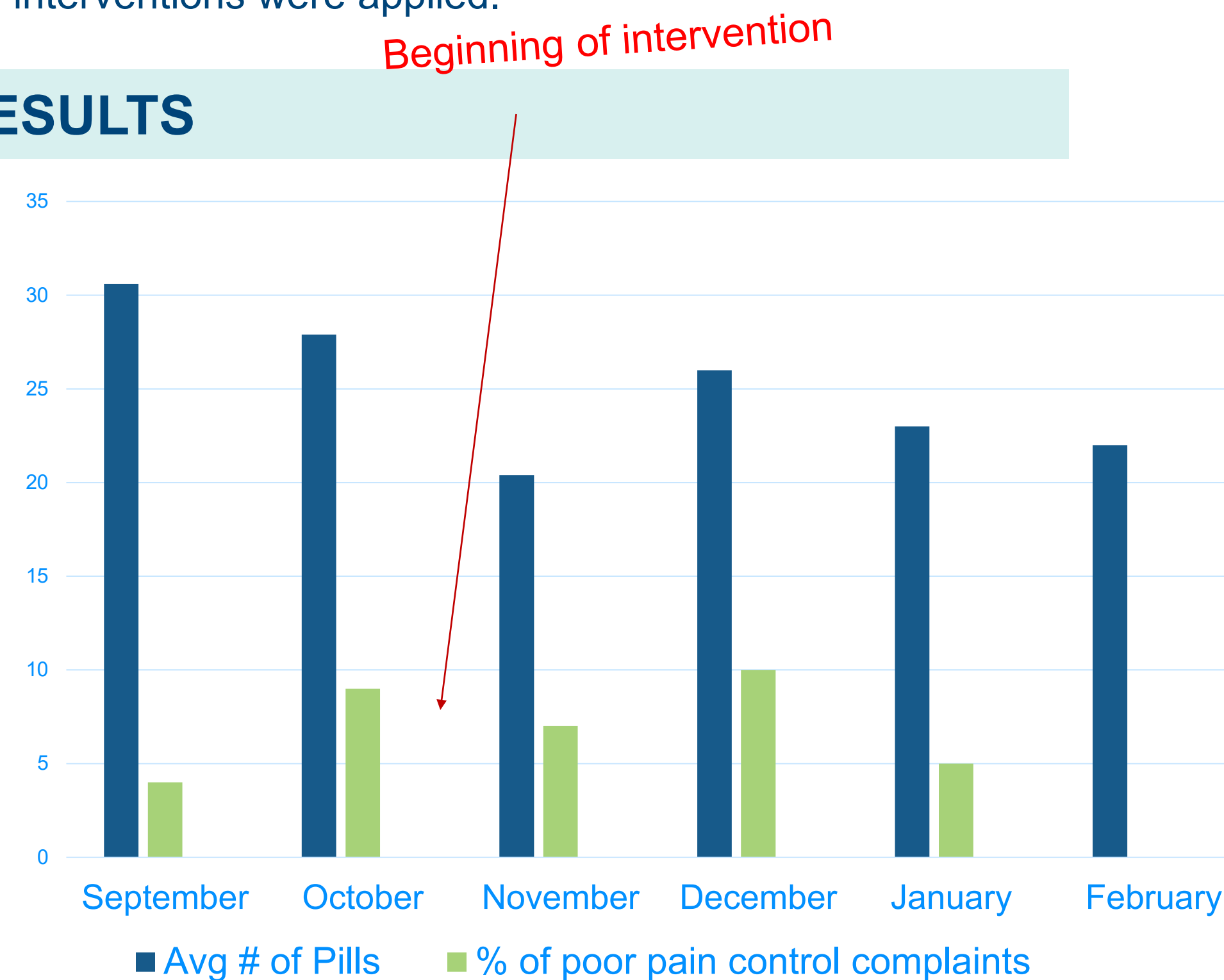
Education to prescribing physicians in our department.: lecture given to the department about typical narcotic prescriptions for different surgical procedures with data to support that our prescriptions were high for the amount and duration of pain our patients were receiving.

We also encouraged multimodal pain relief education to the patients with useful information and dosage printouts available if requested.

We obtained baseline number of 5 mg Oxycodones prescribed as well as amount of complaints about inadequate pain control via a patient call or at the follow up appointment. This was acquired over a 2 month period. The next 4 months were evaluated after the interventions were applied.

RESULTS

2 month period	Avg # of Pills	% of poor Pain Control Complaints	% drop of pills prescribed
Sept-Oct	29.1	7	baseline
Nov-Dec	22.8	8	22
Jan-Feb	22.6	3	22



CONCLUSIONS

The goal of our project was met by dropping to an average of 22.6 pills from a baseline average of 29.1.

We monitored pain control complaints as well to ensure that patients were achieving adequate pain control.

The most helpful intervention was educating the providers on our over prescribing habits

BARRIERS

Cycling residents each month

Consistently promoting multimodal pain medications

NEXT STEPS

We are changing our handbook to have 22 5 mg Oxycodone pills as the standard outpatient prescription, which is decreased from 40.

Continue to investigate for further decrease in prescription numbers

Re educate new trainees and fellows on this topic periodically so there is no reverting to old processes